

BEST AVAILABLE COPY

1 of 2

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE		
						10/163,340			
						APPLICANT(S)			
<i>6-15-05</i>						CLAIMS			
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1									
2									
3									
4									
5									
6									
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10									
11									
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48									
49									
50									
TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

CLAIMS ONLY						Application Number <i>10/763,340</i>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS		AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101						151	
102						152	
103						153	
104						154	
105						155	
106						156	
107						157	
108						158	
109						159	
110						160	
111						161	
112						162	
113						163	
114						164	
115						165	
116						166	
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142						192	
143						193	
144						194	
145						195	
146						196	
147						197	
148						198	
149						199	
150						200	
Total Indep	3					Total Indep	
Total Depend	44					Total Depend	
Total Claims	47					Total Claims	